

<h2 style="margin: 0;">TRANSMITTAL FORM</h2> <p style="font-size: small; margin: 5px 0;">(to be used for all correspondence after initial filing)</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">Application Number</td> <td>10/518,813-Conf. #3627</td> </tr> <tr> <td>Filing Date</td> <td>May 8, 2006</td> </tr> <tr> <td>First Named Inventor</td> <td>CARTER, Paul M.</td> </tr> <tr> <td>Art Unit</td> <td>3766</td> </tr> <tr> <td>Examiner Name</td> <td>DINGA, Roland</td> </tr> <tr> <td>Attorney Docket Number</td> <td>22409-00288-US</td> </tr> </table>	Application Number	10/518,813-Conf. #3627	Filing Date	May 8, 2006	First Named Inventor	CARTER, Paul M.	Art Unit	3766	Examiner Name	DINGA, Roland	Attorney Docket Number	22409-00288-US
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Total Number of Pages in This Submission	12												

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input checked="" type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
<div style="border: 1px solid black; width: 150px; height: 20px; float: left; margin-bottom: 5px;">Remarks</div>		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	CONNOLLY BOVE LODGE & HUTZ LLP		
Signature	/Michael G. Verga/		
Printed name	Michael G. Verga		
Date	July 28, 2010	Reg. No.	39,410

<p><i>Effective on 12/08/2004.</i> <i>Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).</i></p> <h2 style="text-align: center;">FEE TRANSMITTAL</h2> <h3 style="text-align: center;">For FY 2009</h3>		<p>Complete if Known</p>													
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Application Number</td> <td>10/518,813-Conf. #3627</td> </tr> <tr> <td>Filing Date</td> <td>May 8, 2006</td> </tr> <tr> <td>First Named Inventor</td> <td>CARTER, Paul M.</td> </tr> <tr> <td>Examiner Name</td> <td>DINGA, Roland</td> </tr> <tr> <td>Art Unit</td> <td>3766</td> </tr> <tr> <td>Attorney Docket No.</td> <td>22409-00288-US</td> </tr> </table>		Application Number	10/518,813-Conf. #3627	Filing Date	May 8, 2006	First Named Inventor	CARTER, Paul M.	Examiner Name	DINGA, Roland	Art Unit	3766	Attorney Docket No.	22409-00288-US
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METHOD OF PAYMENT (check all that apply)

<input type="checkbox"/> Check	<input checked="" type="checkbox"/> Credit Card	<input type="checkbox"/> Money Order	<input type="checkbox"/> None	<input type="checkbox"/> Other (please identify): _____
<input type="checkbox"/> Deposit Account	Deposit Account Number 22-0185		Deposit Account Name Connolly Bove Lodge & Hutz LLP	

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

<input type="checkbox"/> Charge fee(s) indicated below	<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17	<input checked="" type="checkbox"/> Credit any overpayments

FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Small Entity	Fee (\$)	Small Entity	Fee (\$)	Small Entity	Fee (\$)	
Utility	330	165	540	270	220	110	
Design	220	110	100	50	140	70	
Plant	220	110	330	165	170	85	
Reissue	330	165	540	270	650	325	
Provisional	220	110	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description	Small Entity	Fee (\$)
Each claim over 20 (including Reissues)	52	26
Each independent claim over 3 (including Reissues)	220	110
Multiple dependent claims	390	195

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims	Fee (\$)	Fee Paid (\$)
26	- 26 =	x	=			
HP = highest number of total claims paid for, if greater than 20.						
Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)			
2	- 2 =	x	=			
HP = highest number of independent claims paid for, if greater than 3.						

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
- 100 =	/50 =	(round up to a whole number) x	=	

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)
Other (e.g., late filing surcharge):

Fees Paid (\$)

SUBMITTED BY			
Signature	/Michael G. Verga/	Registration No. (Attorney/Agent)	39,410
Name (Print Type)	Michael G. Verga	Telephone	(202) 331-7111
		Date	July 28, 2010